



LEAD OCCUPATION CERTIFICATE RENEWAL APPLICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

LEAD POISONING PREVENTION PROGRAM

1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612

1-866-UNLEADED www.unleadedks.com

GENERAL INFORMATION

An individual shall submit a completed application for renewal of certificate, including the required supporting documentation, to KDHE at least 60 days before the certificate's expiration date as indicated on the certificate. Failure of the certified individual to submit an application at least 60 days before the certificate's expiration date may result in the certificate not being renewed before the current license expires.

A **complete application** includes:

1. A completed *Lead Occupation Certificate Renewal Application* form
2. A copy of the KDHE/EPA-accredited refresher training program completion certificate for the appropriate occupation
3. Two recent, passport-size color photographs of the applicant's face without a hat or sunglasses. Computer-generated or photocopied photographs shall not be acceptable, and
4. A check or money order made payable to the KDHE/LEAD for the appropriate nonrefundable recertification fee as specified in K.A.R. 28-72-3.

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF CERTIFICATION

- Please type or print legibly.
- Mail completed application to:
Kansas Department of Health & Environment,
Attn: Lead Poisoning Prevention Program, Curtis Building,
1000 SW Jackson, Suite 330, Topeka, KS 66612-1274.

KDHE USE ONLY

Date	_____
TP Certificate	_____
Photos	_____
Payment: _____	Check#: _____
Approved: _____	Denied: _____

PART A. PERSONAL INFORMATION

LEGAL NAME OF APPLICANT	MIDDLE INITIAL	LAST	
HOME ADDRESS (STREET)		APARTMENT	
CITY	STATE	ZIP	
TELEPHONE NUMBER (____) _____ - _____	SOCIAL SECURITY NUMBER ____ - ____ - _____		EMAIL ADDRESS
PRESENT EMPLOYER			EMPLOYER TELEPHONE NUMBER (____) _____ - _____
EMPLOYER ADDRESS (STREET)			
CITY	STATE	ZIP	COUNTY

Please mail all correspondence regarding this application to my: (check one) ☐ Home Address ☐ Present Employer ☐ Training Provider

Check the appropriate box:		FOR OFFICE USE ONLY	
RENEWAL FOR:		FEE	
<input type="checkbox"/> LEAD INSPECTOR		\$100	
<input type="checkbox"/> RISK ASSESSOR		\$150	
<input type="checkbox"/> LEAD ABATEMENT SUPERVISOR		\$75	
<input type="checkbox"/> LEAD ABATEMENT WORKER		\$25	
<input type="checkbox"/> PROJECT DESIGNER		\$75	
PART B. REFRESHER TRAINING (Submit copy of training course certificate.)			
TRAINING COMPLETED (Check appropriate boxes for this certification			
<input type="checkbox"/> Kansas Department of Health and Environment (KDHE) --- Accredited Training Provider			
<input type="checkbox"/> Reciprocal State --- Accredited Training Provider			
NAME OF TRAINING PROVIDER			
ADDRESS OF TRAINING PROVIDER		CERTIFICATE NUMBER	
PART C. WAIVER			
I hereby authorize the person named in this waiver to act on my behalf regarding this application. If at any time I decide to change this authorization, I shall notify KDHE in writing of such change.			
NAME		TITLE OR RELATIONSHIP TO APPLICANT	
ADDRESS			
TELEPHONE NUMBER			
() -			
PART D. CERTIFICATION			
I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations, and with any regulations promulgated pursuant to Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations.			
TELEPHONE NUMBER		TELEPHONE NUMBER	
		() -	
SIGNATURE OF APPLICANT (NOTE: APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE)		DATE	